

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51	
2		1					52	
3		1					53	
4		3					54	
5		3					55	
6	1	3					56	
7							57	
8		3					58	
9		3					59	
10	1	3					60	
11	1	3					61	
12							62	
13		1					63	
14		1					64	
15		1					65	
16	1						66	
17							67	
18	1						68	
19	1						69	
20		1					70	
21	1						71	
22							72	
23		1					73	
24		1					74	
25		1					75	
26		1					76	
27		1					77	
28		1					78	
29		1					79	
30		1					80	
31		1					81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	